

**REIMBURSEMENT FOR: TELEPHONE COST FOR VOLUNTEERS IN SUPPORT
OF FAMILY PROGRAMS**

Please print LEGIBLY – Unreadable data may delay payment.

Mail to: Family Readiness Office ATTN: FRSA, 2823 West Main, Rapid City, SD
57702

NAME: _____ **DATE:** _____

MAILING ADDRESS: _____

**COPY OF TELEPHONE BILL WITH CALLS MADE IN SUPPORT OF FAMILY PROGRAMS
HIGHLIGHTED MUST BE ATTACHED TO THIS FORM FOR REIMBURSEMENT**

PERSON CALLED: _____ PHONE NUMBER: _____
SUBJECT: _____ DATE: _____
(For example – wellness call, phone tree call)

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APPROVED BY: BRYAN A. JACOBSON, STATE FAMILY PROGRAM DIRECTOR
(NAME, TITLE OF APPROVING AUTHORITY)

RECEIVED: \$ _____

VOLUNTEER SIGNATURE: _____

(Must be signed for reimbursement)